

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20123 (8)
 1. Corporation Name
BLUE SKY'S CO-OP, INC.

Principal Place of Business 6405 RADIO RD NAPLES FL 33942 US	Mailing Address 6405 RADIO RD NAPLES FL 33942 US
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3. Date Incorporated or Qualified
04/14/1987

4. FEI Number 59-2803217	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**KRAUS, CHERYL R
 1100 FIFTH AVE SO
 STE 201
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name ROGER E. CRAIG	85 Zip Code FL 34102
82 Street Address (P.O. Box Number is Not Acceptable) 1250 9th ST. N. #201	
83 City NAPLES	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	NAME MILLER, RICHARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 112 JAN DR	CITY - ST - ZIP NAPLES FL	1.2 NAME	
TITLE D	NAME KILLEBREW, BOBBY	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 153 SAND DR.	CITY - ST - ZIP NAPLES FL	1.4 CITY - ST - ZIP	
TITLE D	NAME MORRISON, CAROL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 43 BLUE SKY'S DR.	CITY - ST - ZIP NAPLES FL	2.2 NAME	
TITLE PD	NAME DONKERSGOED, MARY LOUISE	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 33 BLUE SKY'S DRIVE	CITY - ST - ZIP NAPLES FL	2.4 CITY - ST - ZIP	
TITLE D	NAME SUCH, JOHN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 180 SAND DR.	CITY - ST - ZIP NAPLES FL	3.2 NAME	
TITLE DS	NAME HALSMER, JOSEPHINE	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 174 SAND DRIVE	CITY - ST - ZIP NAPLES FL	3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME PD ROWLAND EISENBAUMER	
		4.3 STREET ADDRESS 90 JAN	
		4.4 CITY - ST - ZIP NAPLES, FL 34104	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME DS KELDER, PAMELA	
		6.3 STREET ADDRESS 44 BLUE SKY'S DR	
		6.4 CITY - ST - ZIP NAPLES, FL 34104	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4-14-98 941-643-1097

CR2E037 (10/97)